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PTO/SB/80 (12-03)  
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I hereby appoint:

☒ Practitioners associated with the Customer Number:

28120

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

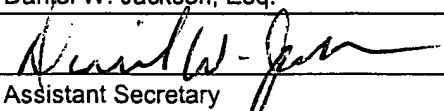
Assignee Name and Address:

Travelers Property Casualty Corp.

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

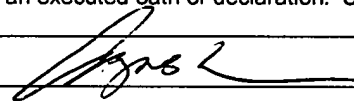
**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Name	Daniel W. Jackson, Esq.		
Signature		Date	9/24/2009
Title	Assistant Secretary	Telephone	(860) 277-4012



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<input checked="checked" type="checkbox"/> The address associated with Customer Number:		<div style="border: 1px solid black; padding: 2px; display: inline-block;">28120</div>			
OR					
<input type="checkbox"/> Firm or Individual Name		Agnes S. Lee ROPES & GRAY LLP			
Address		One International Place			
City	Boston	State	MA	Zip	02110-2624
Country	US				
Telephone	(617) 951-7000		Fax	(617) 951-7050	
<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="checked" type="checkbox"/> Attorney or agent of record. Registration Number <u>46,862</u></p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p>					
Signature 					
Typed or Printed Name <u>Agnes S. Lee</u>					
Date	March 8, 2005		Telephone	(617) 951-7794	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.					

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/4/04 Signature: Joanne Ryan  
(Joanne Ryan)

Docket No.: SPLT-P01-011  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Armentano et al.

Application No.: 10/648808

Group Art Unit: 2121

Filed: August 27, 2003

Examiner: Not Yet Assigned

For: METHOD AND SYSTEM FOR KNOWLEDGE  
MANAGEMENT AND EFFECTIVE  
MENTORING OF INSURANCE CLAIM  
PROFESSIONALS

**CHANGE OF ATTORNEY DOCKET NUMBER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please note that the Attorney Docket Number has been changed from TRAV0011 to **SPLT-P01-011**. Please reference **SPLT-P01-011** on all future correspondence.

Applicant believes no fee is due. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. SPLT-P01-011 from which the undersigned is authorized to draw.

Dated: 10/4/04

Respectfully submitted,

By Agnes S. Lee  
Agnes S. Lee

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